

[Doctor's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, ZIP Code]

Dear [Pharmacy Name/Prescribing Authority],

I am writing to prescribe Vyvanse (lisdexamfetamine) for my patient, [Patient's Name], who has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). After a thorough assessment and consideration of the patient's medical history and current health status, I believe this medication will be beneficial for their treatment plan.

Medication: Vyvanse

Dosage: [Dosage amount]

Frequency: [Frequency of administration]

Quantity: [Total quantity to be dispensed]

Refills: [Number of refills]

Please feel free to contact me at [Doctor's Phone Number] should you require any further information or clarification regarding this prescription.

Thank you for your attention to this matter.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Doctor's Contact Information]

[Doctor's License Number]